

Primary Trauma Care (PTC) Course Report (16th – 17th July 2022)

St Johns Ambulance Hall, Amy Street, Suva Fiji.

Purpose:

The aim of this training was to train members from the various pre-hospital services that usually transfer trauma patients to the hospital with PTC. This was the second training that was undertaken this year, as after the first training in April there was a lot of interest in the PTC for the Pre Hospital space and funding came in for this second workshop to take place.

Summary:

With trauma noted to be in the top 5 reasons for death and morbidity in Fiji, this training is becoming popular among the Pre Hospital care providers and very much an important milestone for the local PTC faculty.

The two day training took place at the St Johns Ambulance Hall in Amy Street and involved a total of 30 participants from 6 different pre-hospital services and 8 facilitators. The standard two day program was applied with minor variations especially in the skills stations and workshops so that it was relevant for those being trained. Of note we had a team of pre-hospital providers from the West participate in the two day course. They were from Zen's Medical in Lautoka.

It was extremely pleasing to note that the course was well received by the participants and that they actively participated in the discussions, skill stations and workshop sessions over the two days.

Course Facilitators:

The instructors for this course were:

Dr Deepak Sharma – Emergency Physician, CWM Hospital (Course Director)

Dr Lavinesh Raj – Emergency Physician, FNU

Dr Krishneel Krishna – Emergency Physician, CWM Hospital

Dr Adriel Rageci – Emergency Physician, CWM Hospital

Dr Ilikini Naitini – Emergency Department Registrar, CWM Hospital (Course Co-ordinator)

Dr Isaac Singh – Emergency Department Registrar, CWM Hospital

Dr George Tabepuda – Emergency Department Registrar, CWM Hospital

Dr Li Guang - Emergency Department Registrar, CWM Hospital

Course Participants:

Filipe Tikoisuva - National Fire Authority
Ilaitia Raiqiso – National Fire Authority
Rokowati Crocker – National Fire Authority
Tomasi Tavouu – National Fire Authority
Esala Madanavosa – National Fire Authority
Semi Roqica - RFMF
Lusiana Likudmole - RFMF
Sirino Tamocemoce - RFMF
Eveli Wainimala - RFMF
Temo Tupua - RFMF
Manueli Vakawaletabua - RFMF
Etuete Nagoritani - RFMF
Erami Biu - RFMF
Josua Koroisavou - RFMF
Vilikesa Baisave - RFMF
Divneel Naidu - Zens Medical
Allen Cheng - Zens Medical
Donasiano Waikula - Zens Medical
Vetaia Maunivanua - Zens Medical
Iowane Baleileruka - Fiji Police
Iosefo Salabo - Fiji Police
Sanjay Kumar - Fiji Police
Anikesh Chand - Fiji Police
Sakiusa Nailoloku - Fiji Police
Mesake Tuikana - Fiji Police
Cama Finiasi Jnr - Ministry of Health & Medical Services
Inoke Rasumusumu - St John's Ambulance
Orisi Nagata - St John's Ambulance
Mikaele Tudaku - St John's Ambulance
Ilisiansi Koroi - St John's Ambulance

Activities:

Following the introductions of the participants and facilitators, the participants got straight into the course with the pre-test MCQs. Given that this course took place a day after the participants took part in a Basic Life Support refresher session, they all were familiar with each other and so it was easy for them to work together through the course.

For this cohort the faculty had looked at the questions and it was agreed to have 15 questions, as was done for the previous group of pre-hospital care providers during the course in April. This was then followed up by the lectures and skills stations.

Keeping on from the April course, for the skills stations and workshops, instead of the standard 4 skills station and workshops, the team had 5 skills stations comprising of: basic airway, c-collar application, log roll and transfer, by stander hands only CPR, chest injuries – needle decompression and three way dressing for open pneumothoraxes.



Participants sitting the Pre Test.



In terms of the workshop sessions for Day 2, the following stations were run to be relevant for the participants: Pain management, Paediatric trauma, Neurological examination emphasizing on AVPU, transportation & safe extraction from vehicles following trauma and the IMIST handover technique.

Adequate breaks for tea and lunch was given so that participants were not getting exhausted from all the learnings given the course took place over the weekend, and were given time to freshen-up and remain focused.

The second day concluded with the post-test MCQs and an open discussion of the answers, and the course was closed with a group picture.



Dr Li delivering a lecture.



Dr Lavinesh in action engaging participants

The Course:

Given that the participants had received their reading materials prior to the course, they were quite engaging and from the first few lectures began asking questions and clarifying themselves. As some of the participants had done trainings for trauma care in the combat zones, the Course coordinator quickly clarified that this course was more specific for civilian trauma and the principles in the battlefield were separate and quite specific for that scenario. This helped the participants to understand and appreciate the course.

The skill stations and the scenario practice proved to be the highlight of the two day training and it was good to see participants applying what they had learned and also observed during the demonstration by the facilitators. The scenario stations also helped to consolidate the learning that was provided during the lecture sessions, and the participants active participation showed they were eager to learn and understand the concepts.



Skills station sessions



The participants also continued to ask questions throughout the day to the facilitators they felt comfortable with and these also provided good learning points for the instructors as well.

Day two of the course was similar to day one. Even though this fell on a Sunday, all participants turned up from the various institutions. Additionally, a great discussion was generated during the disaster module as participants were made to think of disaster responses as an extension of PTC. It was not so

difficult when dealing with the team going to the site of the disaster and the group explaining it had a great understanding of concepts and roles and this session assisted in the different agencies represented discussing how they could work better together if such an event did arise.



More skills station sessions



Scenario demonstration by the facilitators



Scenario practice by participants



MCQs Scores:

The participants were evaluated using the standard multiple choice questions that are part of the PTC training before and on completion of the course. As previously mentioned, for the pre hospital participants, the faculty had decided to tally the scores out of 15 and had removed questions: 4,8,10,14,15. The topics of these questions were still covered and these questions were discussed with all participants following the post test. And of note these were correctly answered during the post-test discussions.

As mentioned, the pre-test answers gave an indication of the baseline knowledge of the participants and the also the areas the facilitators needed to work on.

Below are the scores the participants attained:

	Range		Average		Mode	
	Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test
MCQs						
Scores (Out of 15)	3 – 12	9 - 14	6.9	10.5	4	11

The percentage of scores in each range:

	< 10	10 -12	13 - 15	16 - 18	19 - 20
Pre-test Scores	66.7%	33.3%	0%	-	-
Post-test Scores	17%	50%	33%	-	-

*Note: those <10 had a score of 8 or 9 and an improvement from their pre test scores

By having an open discussion of the answers upon completion of the post-test, any doubts were cleared at that time and also explained further if more clarity was required.



Participants listening during a lecture



Dr Ilikini demonstrating secondary survey



During disaster discussions



More discussions



Presenting the discussion points



Scenario practice session on Day 2



Feedback:

The overall feedback from the participants following the 2 day course was positive. The common theme of a greater understanding of trauma and a structured approach to managing it especially in the field together with transferring of the patient.

It was also noted that majority of the participants enjoyed the practical skills stations, and scenario practice stations. Participants also shared the interactive way the course was delivered allowed them to ask their questions without much hesitation and were grateful to the facilitators for it.

Though many participants stated that the current style of delivering the course was great, a few suggested that this training be made an annual or bi-annual event to allow more people to be trained and allow for consistency in practice. This is an area that will be explored in the coming months by the faculty team.

From the facilitators, each instructor had as much enjoyment in delivering the course as the participants did learning, and some also took this as a learning opportunity to help deliver the course better. All members of the faculty team worked well together and the tremendous effort of the Course coordinator did not go unnoticed.

Acknowledgements:

The St Johns Ambulance team for hosting and providing the training venue.

The participants from the different agencies for committing to the Course.

Dr Kenton Biribo for ongoing support and encouragement.

The Faculty team members for availing themselves for the training.



The Faculty team.



The participants with the faculty at the end of the Course.

Prepared by: Dr Deepak Sharma.
